

**SERIAL 07096 RFP RYAN WHITE PART A SERVICES - MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES OUTPATIENT – HCM
CONTRACT – Ebony House Inc.**

DATE OF LAST REVISION: February 20, 2008 CONTRACT END DATE: March 31, 2011

CONTRACT PERIOD THROUGH MARCH 31, 2011

TO: All Departments
FROM: Department of Materials Management
SUBJECT: Contract for **RYAN WHITE PART A SERVICES - MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES OUTPATIENT – HCM**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **February 20, 2008 (Eff. March 01, 2008)**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

SF/mm
Attach

Copy to: Materials Management
Elizabeth Yaquinto, Workforce and Management
Kevin McNeal, Program Manager Ryan White Part A Program

1.0 SCOPE OF SERVICES:

Emphasis on Primary Medical Care services: MCHCM continues to emphasize more specialized care with the value of improved clinical outcomes associated with care from HIV-knowledgeable/experienced providers, expanded access to and availability of mental health services, and specialized medication adherence and monitoring support. FY2007 funding for Mental Health Services is \$211,000 (4% of allocations). FY2007 funding for Substance Abuse Services Outpatient is \$203,205 (4% of allocations).

- Increased access to care in rural areas: Expanded partnerships with clinics in the rural areas of the EMA are being currently being developed by the Administrative Agency and the Planning Council. Cost effectiveness and service delivery challenges are being addressed to provide the improved outcomes associated with patient compliance while addressing the underserved and disproportionately impacted rural areas of the EMA. Services are being competitively bid in FY2007 to increase geographic diversity of services and provide greater accessibility to core services.
- PLANNING COUNCIL DIRECTIVES
- In the ongoing efforts of the Ryan White Part A Planning Council to reach the historically underserved communities, the following directives have been issued for Mental Health/Substance Abuse Services Outpatient:
- It is the responsibility of the Provider(s) to adequately promote the availability of their (awarded) service category(ies), including locations and hours. For more details, see section 4.28, PROGRAM MARKETING INITIATIVES, of this RFP.

2.0 CONTRACTURAL ADMINISTRATIVE LANGUAGE:

2.1 REFERENCES:

Respondents must provide (SEE SERVICE PROVIDER APPLICATION FORM) at least five (5) reference accounts to which they are presently providing like service. Included must be the name of the government or company, individual to contact, phone number, street address and e-mail address. Preference may be given to Respondents providing government accounts similar in size to Maricopa County.

2.2 CONTRACTOR LICENSE REQUIREMENT:

The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

2.3 CONTRACTOR STATUS:

The Contractor is an independent Contractor in the performance of work and the provision of services under this Contract and is not to be considered an officer, employee, or agent of Maricopa County

2.4 PROPRIETARY INFORMATION:

Proprietary information submitted by a Respondent in response to a Request for Proposal shall remain confidential as determined by law or regulation.

2.5 CONTRACT REPRESENTATIVES:

Any changes in the method or nature of work to be performed under a Contract must be processed by the County's authorized representative. Upon the execution of a Contract, the County will name its representative who will be legally authorized to obligate the County.

2.6 FINANCIAL STATUS:

All Respondents shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return prepared in accordance with Generally Accepted Accounting Principles or Standards. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a response, and to declare a Respondent non-responsive as that term is defined in the Maricopa County Procurement Code.

If a Respondent is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a Respondent or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent must provide the County with that information, which the County may consider that information during evaluation. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a response, including, but not limited to a determination that the Respondent be declared non-responsive, and suspended or debarred, as those terms are defined in the Maricopa County Procurement Code.

By submitting a response to the Request for Proposal, the Respondent agrees that if, during the term of any Contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a Respondent or receiver is appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent will immediately provide the County with a written notice to that effect and will provide the County with any relevant information it requests to determine whether the Respondent will be capable of meeting its obligations to the County.

2.7 REGISTRATION:

Respondents are required to be registered with Maricopa County if they are selected for an award of any County Business. Failure to comply with this requirement in a timely fashion will cause Respondent's response to be declared non-responsive. Respondents shall register on the Maricopa County Web Site at www.maricopa.gov/materials. Click on vendors to enter BuySpeed registration screen. *Also see Exhibit 1*

2.8 AWARD OF CONTRACT:

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Request for Proposal. The Contract will be awarded to the Most Advantageous Respondent(s). The Contract may be awarded in whole, by section, or geographic area as required.

2.9 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. The Procurement Officer of this Contract will coordinate this meeting.

3.0 **CONTRACTUAL TERMS AND CONDITIONS**

3.1 TERM

This Contract is for a term of THREE (3) YEARS beginning on the date of contract award, or the effective date, as clearly noted in award notification documents.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month bases for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period. The fee for any extension period shall be subject to negotiation prior to activation of such extension.

3.3 COMPENSATION:

- 3.3.1 The County reserves the right to reallocate funding during the contract period so that the services provided and corresponding contract amount may be decreased or increased, via contract amendment or Task Order, at the discretion of the County.
- 3.3.2 Subject to the availability of funds, County shall pay the Contractor for the services described herein for a sum not to exceed the Contract Amount listed on the cover page of this contract. County will pay the Contractor on a unit cost reimbursement basis in accordance with the Contractor's approved fee schedule, which follows. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractors for missed appointments by clients.
- 3.3.3 Ryan White CARE Act funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.
- 3.3.4 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the underlying budget of this contract within **30** days of such change.
- 3.3.5 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the underlying budget.
- 3.3.6 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
- 3.3.7 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance because of non-performance, submission of reports after deadlines, insufficient back-up statements or improperly signed forms, the Contractor may not be reimbursed. Furthermore, program non-compliance can delay reimbursement until program compliance issues and any other related financial consequences are resolved. **Multiple**

instances of non-compliance with reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual.

3.3.8 **The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data. See Exhibit 3 for a sample billing packet.**

3.3.9 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked and the services provided. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.

3.4 PAYMENT

3.4.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "B" ***Budget Worksheet***, or as modified by contract amendment or appropriately executed "task order".

3.4.2 Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.

3.5 INVOICES AND PAYMENTS:

3.5.1 **The Contractor shall submit one (1) legible copy of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:**

- 3.5.1.1 Company name, address and contact
- 3.5.1.2 County bill-to name and contact information
- 3.5.1.3 Contract Serial Number
- 3.5.1.4 County purchase order number
- 3.5.1.5 Invoice number and date
- 3.5.1.6 Payment terms
- 3.5.1.7 Date of services
- 3.5.1.8 Quantity (number of days or weeks)
- 3.5.1.9 Description of Purchase services
- 3.5.1.10 Pricing per unit of purchase
- 3.5.1.11 Extended price
- 3.5.1.12 Total Amount Due

3.5.2 Contractors providing medical services are required to utilize HCF-1500 or UB-92 forms for claims submitted to the Ryan White Part A Program in addition to the Monthly Fiscal and Program Monitoring reports (Section 4.27 of this RFP)

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

3.6 METHOD OF PAYMENT:

- 3.6.1 Contractor will submit Monthly Fiscal and Program Monitoring Report for services performed on or before the fifteen (**15th**) business day following the month in which services were performed.
- 3.6.2 Subject to the availability of funds, County will, within sixty (**60**) working days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Contract.
- 3.6.3 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 days after date of service. The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the contract period which are submitted sixty (**60**) days after the end of the contract period without approval of County. For claims that are subject to AHCCCS Regulation R9-22703.B1, County will not honor any claim for payment submitted nine months after date of service.
- 3.6.4 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete reports submitted by the Contractor. All monthly fiscal and program monitoring reports must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 3.6.5 The Contractor understands and agrees to maximize all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor must determine Regional Behavioral Health Authority (RBHA), AHCCCS, ALTCS, VA, TRICARE Standard and Medicare eligibility of clients and assist with client enrollment whenever feasible. The Contractor understands and agrees that all third party payments must be exhausted to offset program costs before Ryan White CARE Act funds are used.

3.7 BUDGET AND EXPENDITURES:

- 3.7.1 Contractor will submit Monthly Fiscal and Program Monitoring Reports for services performed on or before the fifteenth (**15th**) working day following the month in which services were performed. The billing packet includes a combination of pre-printed forms and CAREWare based reports and are to be printed and submitted in hard copy form to the Ryan White Part A office an example billing packet is in Exhibit 3.
 - A. The total administrative costs budgeted, including any approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed **10%** of the amount of the contract award.
 - B. Administrative expenditures for this contract cannot exceed **10%** of the total expenditures of this contract. Any amount of administrative expenditures in excess of **10%** will be reimbursed to MCDHCM, Ryan White Part A Program.
 - C. Any disallowed expenditures are subject to the Contractor submitting a full reimbursement to MCDHCM, Ryan White Part A Program.
 - D. Contractors agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by the OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.

- E. Agree that all expenditures are in accordance with the budget as approved and attached to this Agreement.
- F. All expenditures and encumbered funds shall be final and reconciled no later than 90 days after the close of the grant year.

3.8 DUTIES

- 3.8.1 The Contractor shall perform all duties stated in Attachment "C" WORK PLAN
- 3.8.2 The Contractor shall perform services at the location(s) and time(s) "stated in " or as otherwise directed in writing, via contract amendment and/or task order.

3.9 INDEMNIFICATION:

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable. The contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.10 INSURANCE REQUIREMENTS:

- 3.10.1 The Contractor shall have in effect at all times during the term of this Contract insurance which is adequate to protect Maricopa County, its officers and employees, participants and equipment funded under the Contract against such losses as are set forth below. The Contractor shall provide County with current documentation of insurance coverage by furnishing a Certificate of Insurance or a certified copy of the insurance policy naming Maricopa County as an additional insured.
- 3.10.2 The following types and amounts of insurance are required as minimums:
 - 3.10.2.1 Worker's Compensation as required by Arizona law
 - 3.10.2.2 Unemployment Insurance as required by Arizona law
 - 3.10.2.3 Public Liability, Body Injury and Property Damage policies that insure against claims for liability for Contractor's negligence or maintenance of unsafe vehicles, facilities, or equipment brought by clients receiving services pursuant to this Contract and by the lawful visitors of such clients. The limits of the policies shall not be less than \$1,000,000.00 for combined single limit.
- 3.10.3 Automobile and Truck Liability, Bodily Injury and Property Damages:
 - 3.10.3.1 General Liability, each occurrence; \$500,000.00

3.10.3.2 Property Damage; \$500,000.00

3.10.3.3 Combined single limit; \$1,000,000.00

3.10.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.

3.10.5 Professional Liability Insurance; \$1,000,000.00

3.10.6 The Contractor will immediately inform the Director of any cancellation of its insurance or any decrease in its lines of coverage at least thirty (30) days before such action takes place.

3.11 Certificates of Insurance.

3.11.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.

In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

3.11.2 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.12 NOTICES:

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County
Department of Materials Management
Attn: Director
320 West Lincoln Street
Phoenix, Arizona

3.13 REQUIREMENTS CONTRACT:

3.13.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

3.13.2 County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs

incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.

3.13.3 Contractor agrees to accept oral cancellation of purchase orders.

3.14 **TERMINATION:**

3.14.1 County may terminate this Contract at any time with thirty **(30)** days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

3.14.2 This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.

3.14.3 County may terminate this Contract upon twenty-four **(24)** hours notice when County deems the health or welfare of a patient is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Contract will terminate upon the expiration date of this Contract as stated on the Cover Page.

3.15 **DEFAULT:**

County may suspend, modify or terminate this Contract immediately upon written notice to Contractor in the event of a non-performance of stated objectives or other material breach of contractual obligations; or upon the happening of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

3.16 **OFFSET FOR DAMAGES;**

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

3.17 **ADDITIONS/DELETIONS OF SERVICE:**

The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

3.18 **USE OF SUBCONTRACTORS:**

3.18.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, regulations and requirements of this Contract appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Contract performance whether or not subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.

3.18.1.1 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.

3.18.1.2 All subcontract agreements must include a detailed budget and narrative, identifying all administrative costs as defined in section II.

3.18.1.3 All subcontract agreements must document the qualifications and ability to provide services by the subcontracting agency.

3.18.2 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.

3.18.3 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed subcontractual arrangement between the Contractor and the subcontractor

3.19 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties. All amendments shall clearly state the effective date of the action.

3.20 TASK ORDERS:

Contractor shall not perform a task other than those found/defined in the contract award document. Task Orders may be issued by the Administrator of this contract. Task Orders will be communicated via written document. A Task Order shall include, but is not limited to: budget amount, work plan, reference to special conditions of award, and/or any special reporting requirements. Amended Task Orders can be issued at any time. Both parties shall sign an amended Task Order.

3.21 CHANGES:

3.21.1 The Maricopa County Department of Health Care Mandates, with cause, by written order, make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

3.21.1.1 Work Statement activities reflecting changes in the scope of services, funding source or County regulations,

3.21.1.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,

3.21.1.3 Contractor fee schedules and/or program budgets.

Examples of cause would include, but are not limited to: non-compliance, under performance, reallocations from the Planning Council, or approved directives from the Planning Council.

3.21.2 Such order will not serve to increase or decrease the maximum reimbursable unit rate amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.

3.21.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Contract and shall be administered accordingly.

3.22 AUDIT REQUIREMENTS:

- 3.22.1 If the Contractor expends **\$500,000** or more from all contracts administered and/or funded via County, and/or receives **\$500,000** or more per year from any federal funding sources, the Contractor will be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County Department of Public Health for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- 3.22.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.
- 3.22.3 Comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the County within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.
- 3.22.4 The Contractor shall also comply with the following OMB Circulars:
1. A-102 Uniform Administrative Requirements for Grants to State and Local Government.
 2. A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
 3. A-122 Cost Principles for Non-Profit Organizations.
 4. A-87 Cost Principles for State and Local Governments.
 5. A-21 Cost principles for Education Institutions.

3.23 SPECIAL REQUIREMENTS:

- 3.23.1 The Contractor shall adhere to all applicable requirements of the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006.
- 3.23.2 The Contractor shall participate in a minimum of two (2) provider technical assistance meetings and/or teleconference calls that will be scheduled by the MCDHCM throughout the year.
- 3.23.3 The Contractor shall provide the necessary administrative, professional and technical personnel for operation of the program.
- 3.23.4 The Contractor agrees to maintain adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures made under terms of this agreement as required.
- 3.23.5 Contractor agrees to install and utilize the CAREWare client level reporting system as described in the Ryan White Part A Program Policies Manual. There are no licensing costs associated with the use of CAREWare. The provider is required to cover the cost

for installing and configuring internal firewall devices to gain access to the CAREWare database.

3.24 RELEASE OF INFORMATION:

The Contractor agrees to secure from all clients any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a release form signed by the client. This release form must be signed by the client and grant release of named confidential file information to the Maricopa County Department of Health Care Mandates for the purpose of grant administration/monitoring for a period of five years from date of signature. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County, this provision does not apply to persons who receive Ryan White CARE Act Part A funded services anonymously.

3.25 CERTIFICATION OF CLIENT ELIGIBILITY;

3.25.1 The Contractor agrees to certify for eligibility all clients seeking services supported by Ryan White CARE funds, detailed in Section 1 of the Ryan White Part A Program Policies Manual. Such certification as detailed below shall be conducted at least every six months of service. Services may be provided to anonymous clients only at the specific approval of the MCDHCM and only as and if specified in this contract. Anonymous clients are not subject to the following certification of client eligibility requirements. An individual will be certified by the Contractor as being eligible for services if the following criteria are met:

3.25.2 Documentation in the client's chart of the client's HIV+ status, consistent with HRSA guidelines as described in the MCDHCM Ryan White Title 1 Policy Manual.

3.25.3 Documentation in the client's chart that no health and/or other form of insurance is in effect for the client which covers the cost of services available through this program.

3.25.4 Documentation in the client's chart of client ineligibility for like services under other client and/or public assistance programs.

3.25.5 Documentation in the client's chart of current residence in the EMA of Pinal and Maricopa counties and verification by Contractor, as detailed in MCDHCM's Ryan White Part A Policy Manual.

3.25.6 Documentation of client charges consistent with sliding scale specified on the following chart unless the County waives charges.

Client Income	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income **
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

**** Free services may be provided to individuals with an annual gross family income of less than 200% of the official poverty line. Fees must be charged to clients whose annual gross family income is in excess of 200% of the official poverty line**

- 3.25.7 The Contractor's schedule of fees and charges must be published and made available to the public. Client income shall be verified and documented consistent with the MCDHCM Ryan White Part A Policy Manual.
 - 3.25.8 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Work Statement of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly Expenditure Report by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.
 - 3.25.9 The Contractor is required to have in place a procedure for verifying client eligibility for services. Eligibility for all clients must be recertified biannually (every 6 months), with the exception of HIV Status. Eligibility certification must be documented in each client record. The verification of these elements are a permanent part of the client's record and is to be maintained in a secure location for at least five (5) years after the client has left the service.
- 3.26 **QUALITY MANAGEMENT:**
- 3.26.1 The Contractor will participate in the EMA Quality Management program as detailed in the ***MCDHCM Ryan White Part A Program Policies Manual***. ***See link found on cover page.***
 - 3.26.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix EMA Planning Council.
 - 3.26.3 The Contractor will develop and implement an agency-specific quality management plan for Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
 - 3.26.4 The Contractor will participate in cross-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
 - 3.26.5 The Contractor will participate in the Quality Management Ad Hoc Advisory Committee as requested by the County.
 - 3.26.6 Conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
 - 3.26.7 Maintain a comprehensive unduplicated client level database of all eligible clients served and demographic and service measures required and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information.
 - 3.26.8 Maintain consent to serve forms signed by the clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.

- 3.26.9 Participation in QM trainings sponsored by the County is mandatory. The Contractor understands that non-participation in these types of events may result in not complying with the Standards of Care as mandated by the Ryan White CARE Act. Further, such non-participation in QM trainings could result in prompting a performance monitoring site visit.

3.27 REPORTING REQUIREMENTS:

- 3.27.1 The contractor agrees to submit as a "hard copy" document, Monthly Fiscal and Program Monitoring Reports on or before the **fifteenth (15th)** day of the month following the end of the reporting period on forms substantially similar to those included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. **The billing packet is delivered via hardcopy to the Ryan White Part A office.** Reporting requirements includes, but not limited to: **1)** A narrative describing progress made towards achieving service goals as well as problems and issues impeding program implementation. **2)** Expenditure report identifying billing to the MCDHCM for services provided during the reporting period; **3)** Compilation of data on a cumulative, yearly, unduplicated-count basis shall be required, with data reporting in scanable and/or electronic file formats; **4)** Compilation of data for outcome measure studies conducted as mutually agreed by Contractor and the MCDHCM; and **5)** And any additional or specific reports deemed necessary under Section IV of this contract.
- 3.27.2 The contractor agrees to submit quarterly program monitoring reports on or before the **thirtieth (30th)** day of the month following the end of the reporting period detailing a quarterly and year to date unduplicated-count of clients serviced and the services provided (duplicated count).
- 3.27.3 The contractor agrees to submit a final end of year program report detailing actual expenditures for the grant year, including administrative expenditures, and an annual unduplicated client level demographic report for the contract year and calendar year no later than 60 days following the close of the grant year.

3.28 PROGRAM MARKETING INITIATIVES:

- 3.28.1 When issuing statements, press releases and other documents describing projects or programs funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly state: 1) The percentage of the total costs of the program or project which will be financed with Ryan White funds; 2) The dollar amount of Ryan White funds for the project or program, and 3) The percentage dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. Further, all such statements, press releases, and other documents describing programs or services funded in whole or in part with Ryan White CARE Act funds shall reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006, and the Maricopa County Department of Health Care Mandates. Such references to funding source must be of sufficient size to be clear and legible.
- 3.28.2 Contractor is responsible for advertising Ryan White Part A services. Such advertisement is to promote/incorporate the following components: Services rendered, venues/locations, and hours of operation. The content of any and all advertising for these services must be pre-approved by the County and be in a format allowed by Local, State and Federal regulations.
- 3.28.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, are disseminated to the community and other providers to ensure that clients have access to care.

3.29 OTHER REQUIREMENTS:

3.29.1 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for periodic review of all pertinent client information by employees of County and/or their designated representatives.

3.29.2 Monthly Fiscal and Program Monitoring Reports, Utilization Statistics and HRSA-mandated Administrative Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012

Monthly Fiscal and Program Monitoring Reports are due on or before the 15th of the month following the end of the reporting period.

3.29.3 Quarterly Program Utilization reports will be submitted to: Ryan White Title 1 Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within **thirty (30)** days following the month end of the quarterly reporting period.

3.29.4 Written Annual Expenditure (Close Out), Equipment Log, and Program and Utilization Statistics Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within 60 days of the expiration of the contract year.

3.29.5 Contractor shall respond to all additional requests for information solicited by County when they are submitted in writing within **72** hours of receipt of MCDHCM request.

3.29.6 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued to all program participants, at least once during the contract year. The survey and procedure is included in the ***MCDHCM Ryan White Part A Program Policies Manual***. *See link found on cover page.*

3.30 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

3.31 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

3.32 AUDIT DISALLOWANCES:

3.32.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Contract, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

3.32.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor.

3.32.3 The Contractor shall be responsible for repayment of any and all applicable audit exceptions, which may be identified by County, State and Federal auditors of their designated representatives, and reviewed by the Contractor. The Contractor will be billed by the County for the amount of said audit disallowance and shall promptly repay such audit disallowance within 60 days of said billing.

3.33 **CONTRACT COMPLIANCE MONITORING:**

County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of this Contract. On-site visits for Contract compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Contract, or for similar work and/or service provided under other grants and contracts.

3.34 **AVAILABILITY OF FUNDS:**

3.34.1 The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Director shall be the sole judge and authority in determining the availability of funds under this Contract and County shall keep the Contractor fully informed as to the availability of funds.

3.34.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this section, at least ten (10) days in advance.

3.35 **RESTRICTIONS ON USE OF FUNDS:**

3.35.1 The Contractor shall not utilize funds made available under this Contract to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

3.35.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or

3.35.1.2 By an entity that provides health services on a prepaid basis.

3.35.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the A.R.S. § 41-2591, R2-7-701 and *Code of Federal Regulations*, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.

3.35.3 The federal Office of General Counsel and County emphasize that CARE Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with CARE Act funds and the intended recipient's HIV status.

- 3.35.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this contract.
- 3.35.5 The Ryan White CARE Act limits the administrative expenses to not more than **10%** of the total expenditures incurred for that contract. The Act defines allowable “administrative activities” to include:
 - 3.35.5.1 Usual and recognized overhead, including established indirect rates for agencies;
 - 3.35.5.2 Management and oversight of specific programs funded under this title; and
 - 3.35.5.3 Other types of program support such as quality assurance, quality control, and related activities.”

3.36 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:

- 3.36.1 The Contractor shall, during the term of this Contract, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Contract. Failure by the Contractor to notify County of such award shall be considered a material breach of the Contract and County shall have the right to terminate this Contract without liability.
- 3.36.2 County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Director, the award of the other contract or grant may affect the costs being paid or reimbursed under this Contract.
- 3.36.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Contract, County shall prepare a Contract Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.

3.37 ALTERNATIVE DISPUTE RESOLUTION:

- 3.37.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:
 - 3.37.1.1 Render a decision;
 - 3.37.1.2 Notify the parties that the exhibits are available for retrieval; and
 - 3.37.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).
 - 3.37.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys’ fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of

receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

3.37.2 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

3.38 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

3.39 STRICT COMPLIANCE

Acceptance by County of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Contract must be in writing.

3.40 NON-LIABILITY:

Maricopa County and its officers and employees shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent, or representative of Contractor or subcontractors occurring in the performance of this Contract, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

3.41 SAFEGUARDING OF CLIENT INFORMATION:

The use or disclosure by any party of any information concerning an eligible individual served under this Contract is directly limited to the performance of this Contract.

3.42 NON-DISCRIMINATION:

The Contractor, in connection with any service or other activity under this Contract, shall not in any way discriminate against any patient on the grounds of race, color, religion, sex, national origin, age, or handicap. The Contractor shall include a clause to this effect in all Subcontracts inuring to the benefit of the Contractor or County.

3.43 EQUAL EMPLOYMENT OPPORTUNITY:

3.43.1 The Contractor will not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions apply, comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99.-4 which mandates that all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

- 3.43.2 Operate under this agreement so that no person otherwise qualified is denied employment or other benefits on the grounds of race, color, sex, religion, national origin, ancestry, age physical or mental disability or sexual orientation except where a particular occupation or position reasonably requires consideration of these attributes as an essential qualification for the position.

3.44 RIGHT OF PARTIAL CANCELLATION:

If more than one service category (Work Statement) is funded by this Contract, Maricopa County reserves the right to terminate this Contract or any part thereof based upon the Contractor's failure to perform any part of this contract without impairing, invalidating or canceling the remaining service category (Work Statement) obligations.

3.45 RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

3.46 INTEGRATION:

This Contract and the respondents' response represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

3.47 GOVERNING LAW:

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States District Court for the District of Arizona, sitting in Phoenix, Arizona

3.48 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

- 3.48.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

3.48.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

3.48.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3.48.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

3.48.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

- 3.48.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contact.

- 3.48.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.49 MEDIATION/ARBITRATION:

In the event that a dispute arises under the terms of this agreement, or where the dispute involves the parties to the agreement, a recipient of services under the terms of this agreement, it is understood that the parties to the dispute shall meet and confer in an effort to resolve the dispute. In the event that such efforts to resolve the dispute are not successful, the parties to the dispute will agree to submit the dispute to non-binding mediation before a mutually agreed upon and acceptable person who will act as the mediator. In the event that such non-binding mediation efforts are not able to resolve the dispute, the parties agree to submit the matter to binding arbitration wherein each party selects their own arbitrator and the two selected arbitrators meet and mutually agree upon the selection of a third arbitrator. Thereafter, the three arbitrators are to proceed with arbitration in a manner that is consistent with the provision of A.R.S. 12-1518.

3.50 CULTURAL COMPETENCY:

- 3.50.1 The Contractor shall meet any and all federal standards on cultural competency and develop and implement organizational policies that comply with federal standards. CLAS Standards are included in section 11 of the Ryan White Part A Program Policies Manual. *Also see Exhibit 4.*
- 3.50.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care. *Also see Exhibit 4.*

3.51 RW CAREWARE DATA BASE:

The MCDHCM requires the installation and utilization of HRSA-supplied Ryan White CAREWare software for reporting purposes, to include quality management program reporting requirements. The Contractor agrees to install, collect, and report all data requested by the MCDHCM via RW CAREWare within 60 days of request by the MCDHCM. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.

CAREWare is used for client level data reporting and is used for monthly billing reports, demographic reports, and various custom reporting. Samples of these reports can be found in sections 4-6 of the Ryan White Part A Program Policies Manual. The CAREWare software is supported by the Part A office for training and end user support. The contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of VPN cards for each user within their organization. The CAREWare software and central database are explained in sections 4-6 of the Ryan White Part A Program Policies Manual.

3.52 IMPROPRIETIES AND FRAUD:

- 3.52.1 The contractor shall notify MCDHCM in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive services, for which they are ineligible. Notification is also required whenever acts of indiscretion are committed by employees that may be unlawful or in violation of this contract. Notification to MCDHCM shall occur in writing within 24 hours of detection.
- 3.52.2 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative

agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector General
TIPS HOTLINE
P. O. Box 23489
Washington, D. C. 20026
Telephone: 1-800-447-8477 (1-880-HHS-TIPS)

- 3.52.3 The Contractor shall be responsibility for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

3.53 ADHERENCE TO MCDPH POLICIES:

- 3.53.1 Contractor shall adhere to all MCDHCM Ryan White Part A Program Policies. Such policies are referenced in the *MCDHCM Ryan White Part A Program Policies Manual*.
• See link found on cover page.

3.54 REFERRAL RELATIONSHIPS:

Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding “Maintaining Appropriate Referral Relationships” available from the MCDHCM upon request.

3.55 POLICY ON CONFIDENTIALITY:

- 3.55.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.
- 3.55.2 The Contractor shall establish and maintain written procedures and controls that comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. No medical information contained in Contractor’s records or obtained from County, or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers, employees or subcontractors except as is essential to the performance of duties under this Contract or otherwise permitted under applicable statutes and rules. Disclosure to County is deemed essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving benefits or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law shall be disclosed only as provided by Federal law.
- 3.55.3 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual’s consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.

3.55.4 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the ***MCDHCM Ryan White Part A Program Policies Manual.*** *See link found on cover page.*

3.56 EQUIPMENT:

3.56.1 All equipment and products purchased with grant funds should be American-made.

3.56.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.

3.56.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (60) days of receipt of such equipment.

3.57 LAWS, RULES AND REGULATIONS:

The Contractor understands and agrees that this Contract is subject to all State and Federal laws, rules and regulations that pertain hereto.

3.58 FORMAT AND CONTENT (**WHAT TO PROVIDE-APPLICANT**):

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below (Responses are limited to no more than 15 pages of narrative, single sided, 10 point font type)

3.58.1 Letter of Transmittal (Exhibit 2)

3.58.2 **Narrative – Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.**

Provide a brief response to each of the sections listed below:

- **-Targeted population**
- **-How Ryan White funds will be utilized to keep plwh/a in care.**
- **-How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients**
- **-Your agency's experience with infectious disease.**
- **-Other funding used by your agency to care for plwh/a**

3.58.3 Completed Application Form (Attachment A), including any applicable proof of licensing, certifications, etc., as requested. In the event that any given section is not applicable to the service you/your company are offering a proposal response to, the section shall be noted as N/A (not applicable).

3.58.4 Pricing and Budget Form (Attachment B)

3.58.5 Work Plan (Attachment C), fully completed, without exception.

3.58.6 Agreement/Signature Page (Attachment D) inclusive of vendor/applicant portion completed and signed.

3.59 EVALUATION OF PROPOSAL – SELECTION FACTORS:

An Independent Review Panel (IRP) shall be appointed, at the direction of the MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT ACCEPTABLE BASED ON THE FOLLOWING CRITERIA).**

- 3.59.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:
- 3.59.2 Goal 1: Improve delivery of core services and other services to populations with the greatest needs.
- 3.59.3 Goal 2: Improve entry into care by streamlining the eligibility process.
- 3.59.4 Goal 3: Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.
- 3.59.5 Goal 4: Improve access to services through multiple approaches.
- 3.59.6 Goal 5: Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.
- 3.59.7 Goal 7: Improve the integration and coordination among care services and between HIV care and prevention.
- 3.59.8 Agency's proven skills and technical competence, including all subcontractor agreements proposed.
- 3.59.9 Staff qualifications and credentials
- 3.59.10 Proposed budget inclusive of unit of service cost(s).

3.60 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent shall review its Proposal/Response submission to assure the following requirements are met.

- 3.60.1 **Mandatory:** One (1) original hardcopy (labeled), three (3) hardcopy copies of their proposal/response, inclusive of all required submissions, and one (1) electronic copy of all required submittal documents, on a CD (**no pdf files**)
- 3.60.2 **Mandatory:** Attachment "A", Application
- 3.60.3 **Mandatory:** Attachment "B", Pricing and Budget Agreement; and
- 3.60.4 **Mandatory:** Attachment "C", Work Plan
- 3.60.5 **Mandatory:** Attachment "D", Signature/Agreement Page
- 3.60.6 **Mandatory:** Narrative as defined in Section 4.58.2 above
- 3.60.7 **Mandatory:** Letter of Transmittal (Exhibit 2)

3.61 VENDOR REGISTRATION:

All applicants/respondents shall be registered as a vendor with Maricopa County. No contract awards can be made to a applicant/respondent who has not successfully completed vendor registration. See Exhibit 1 Vendor Registration Procedures.

NARRATIVE

Ebony House Inc. is a non-profit behavioral health service agency that provides behavioral health, outreach, and substance abuse treatment to adult males and females and has an existing counseling and testing program. The agency is licensed by the State of Arizona and is a provider agency for the Regional Behavioral Health Authority managed care system (Value Options). While the agency serves a diverse client population it is now, as it has been for more than 30 years, dedicated to serving the African American community. Ebony House, Inc. believes it is a priority to identify HIV-infected persons within the African American community and link them to medical, prevention, and other services as soon as possible after they become infected, and to link them to medical, prevention, and other services to members of racial ethnic minority communities who are at high risk for HIV infection.

Ebony House is making application for this program funding as a minority community-based organization (CBO). We qualify on the bases of the composition of our Board of Directors (51% African American) and staff (98% African American), our history service population, and agency Mission Statement. All of our programs are culturally centered and reveal the social ills of many centuries that have been foisted on people of color; poverty and inequalities in education, job opportunities and access to adequate health care, which in turn often results in high risk behaviors leading to disease and mortality. Ebony House is a member of Arizona Mental Health Advocates Association and The Alliance (a coalition of agencies servicing minority clients in Maricopa County). Members of our staff serve on the Cultural Competence Advisory and Clinical Practice Boards of the Regional Behavioral Health Authority. Staff members include a voting member of TOPPS II (a national initiative to establish evaluation standards for substance abuse treatment programs), and represent Ebony House at the State Mental Health Association.

Ebony House also participates in the Community Epidemiology Workshop on Substance Abuse (a local element of the national committee). We have a positive relationship with both the people of the community and with other agencies providing services to the community. Ninety percent of the clinical staff of Ebony House (i.e., Clinical Director, Lead Certified Substance Abuse Counselors, and other counselors) is African American. The Executive Director, Office Managers, Administrative Assistants, Nutritionists, and 95% of the remaining staff are African American. The personnel selected to serve on the proposed project will be African American as well.

The process used by Ebony House to make major programmatic decisions is identified in our Policy and Procedures Manual. There is a hierarchical structure of leadership which reviews and approves all programs and the agency's activities. CDC's Review Panel reviews all HIV related materials. While the day to day obligations are the responsibility of the Executive Director, final approval for all programmatic decisions lies with the majority vote of the Board of Directors. Ebony House has been a non-profit 501(c)(3) corporation since 1974, and is licensed by the State of Arizona as a behavioral health service agency. Throughout our history, Ebony House Inc. has been located in the same place, the South Mountain Village area of Phoenix. South Mountain Village is an area of Phoenix (state capitol and the most populous area of the central region) where Ebony house has been located for more than thirty years. Geographically, ZIP codes 85007, 85008, and 85040, show the highest concentration of HIV/STD cases among substance abusers in Maricopa County. These ZIP codes are also historically the area where 40% of Ebony House, Inc. clients indulge in their addiction. The Phoenix City Jail and a number of homeless shelters are in areas 85007 and 85008. Located within an urban environment in South Phoenix is known as a community of color because many of its residents are African American and Hispanic, and there are many businesses, areas and services that African Americans visit and utilize more frequently than others. These locations are well known to the African American community as places to gather, places of business or simply hangouts. Well known places in the African American communities served by EHI include, churches, barbershops, beauty parlors, local "Ma and Pa" grocery stores, social clubs and other businesses.

Ebony House was established to provide effective substance abuse treatment and safe housing for African American adults in recovery. That tradition of care for the African American community has not lessened over the years. Appropriate materials presented in a culturally sensitive manner are essential when working with substance abusing and high-risk clients. Our clients are not exclusively African American but, rather predominately (approximately 90%) African American. That means, we must be culturally competent for a number of cultures not just our own. Each component of our treatment programs is carefully prepared and reviewed by our staff to ensure appropriateness for our clients and their families. We take it to be a fundamental part of our responsibility to ensure correctness in all procedures and functions of Ebony House and will apply our experience to the project proposed herein as well. Ebony House has extensive experience with people living with HIV/AIDS. We currently provide services to that

population where we provide effective case management, utilizing a holistic approach when dealing with our clientele. We also provide substance abuse services, both residential and outpatient to people living with HIV/AIDS, if they are AHCCCS eligible. This agency has the capability to service the MSM and Transgender population, with open-mindedness and impartial objectivity.

Our agency has always had a mission to provide education, treatment and services targeting the African American substance abuser and his/her family. From its beginning, more than 33 years ago, EHI was unique in addressing the problems of the African American population, and continues to be the only community-based organization in Arizona with a race-specific focus in its treatment of Substance Abuse and its HIV/AIDS/STD Street Outreach Program, as well as its Strengthening Families and Children's Behavioral Health Services Programs.

In 2004, Ebony House was granted funding through CDC Program Announcement 04064 for HIV prevention in the African American community. As a result of this funding, EHI expanded its capacity, engaged in continuous HIV/AIDS/STD training and expanded the existing HIV/AIDS Street Outreach program to reach African American men and women at high risk of HIV infection and AIDS. This program continues to be successful reaching out to more than 4,000 African Americans since its inception.

Issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population are not in question for Ebony House Inc. Ebony House, Inc. currently maintains a Consumer Advisory Board (CAB) which is representative of the target population sought in this grant. Its members include HIV-positive persons and those who have been diagnosed with mental illness, and persons not infected with HIV but affected by HIV/AIDS. This agency also maintains collaborations/linkages with several substance abuse treatment and HIV supportive service providers; primary and specialty medical care providers; psychosocial support services and other community organizations that provide services to our target population. Ebony House, Inc. has provided culturally sensitive, language appropriate, gender and sex specific services for more than 33 years. Our staff is comprised of recovering substance abusers and members diagnosed with HIV positive status. Ebony House staff specializes in treating both heterosexual and same sex clients who are substance abusers and/or injecting drug users and who may also have been diagnosed with HIV -positive status. Additionally, more than 40% of all staff are bi-lingual, speaking English and Spanish. Ebony House, Inc. has several years of providing treatment in both traditional and non-traditional settings. Our staff is adept at providing services in culturally defined settings, which can take place in parks, restaurants, and places of worship, schools, and other informal settings. We currently provide both home-based services and traditional services to the outpatient populations we serve.

PROGRAM DESCRIPTION

Ebony House Inc.'s 14-bed Male Level II Residential Treatment program, and Elba House, Ebony House Inc.'s 10-bed Female Level II Residential Treatment program, both seek to provide a gender specific program to adults, eighteen years of age and older, that demonstrate an eclectic system of intensive treatment, based on ASAM Criteria, with an expected length of stay determined by individual assessment and ASAM standards. The average length of stay for a successful consumer is approximately ninety days. Our general target population are adults who present Substance Abuse / General Mental Health Title XIX and non-Title XIX who meet ASAM criteria. Ebony House follows the guidelines established by Magellan, and will accept clients who are currently prescribed medications such as Methadone or Psychotropic. Ebony House Inc. will collaborate with the providers of the medication, in order to assure the effective monitoring of the clients medication. Our target population is African American; however, we are committed to offering services that are sensitive to the individual needs of all persons, including issues surrounding cultural identity, religion and sexual orientation. We are dual-diagnose capable and accept clients with medication issues, along with substance abuse issues. We have the ability to coordinate the monitoring of client medication.

The Ebony House, Inc. Outpatient Substance Abuse Treatment provides individual, group and family counseling, and peer support for adult males and females 18 years of age and over who abuse alcohol and other drugs ("AOD") and those who have co-occurring drug abuse and mental/developmental disorders. The program targets clients who may be involved in illegal activity, and/or have experienced mild to moderate impairment in family and social relationships, health and mental conditions, employment and education because of substance abuse problems. Ebony House, Inc. Outpatient Substance Abuse Treatment is delineated by levels of care that include standard and intensive components.

TARGETED POPULATION

For purposes of this grant, Ebony House, Inc. will target persons living with HIV/AIDS who do not meet the financial criteria of our RHBA, which states that a consumer must meet AHCCS eligibility standards. Because addiction is so insidious and all consuming, many caught in its roles find themselves homeless and penniless. Ebony House Incorporated has provided outreach services to those caught in addiction, providing food vouchers, clothing, medical referrals, HIV counseling and testing, rental assistance, and job leads. This agency has an open door policy for those wanting to recover and has always been known as a program that would “be there” whenever one was ready. The primary target for this program is people living with HIV/AIDS who also have a history of alcohol and/or drug problems who are in or seeking recovery, along with their family members and significant others, who will be both the providers and recipients of recovery support services. The Ebony House goal for this population is to encourage sobriety while learning to cope with living with HIV/AIDS, and to strengthen skills needed for eventual independence. Through integrating instructive programming into treatment, we strive to empower each person to become self sufficient upon re-entering the community.

Continued goals of the Ebony House Substance Abuse Treatment program are to eliminate or significantly reduce a client's physical and psychological dependence on drugs thus resulting in self-discipline and moderation of substance use or dependence. The ultimate goal of this program is total abstinence and healthy living. Ebony House assists clients to achieve goals through provisions of interventions designed to:

- Promote greater self-awareness, self-respect, and self-worth, as well as promoting a better ability to care for oneself and to enter into positive relationships with others.
- Offer services that are sensitive to the individual needs of each person, including issues surrounding cultural identity, religion and sexual orientation.
- Integrate educational and vocational programming into treatment, we strive to empower each person to become self sufficient upon re-entering the community.
- Respect the dignity and uniqueness of every person who seeks our help
- Enhance the personal growth and development of those served.
- Enable clients to safely return to the community with better coping skills;
- Retain skills to abstain from drugs, and
- To improve interpersonal relations with family members and others.

RYAN WHITE FUND WILL BE USED

Ebony House currently serves anonymous positives in our residential and outpatient substance abuse and behavioral health programs. This funding will allow us to increase the HIV positive consumer's access to care and tailor our existing programs to include best practice interventions targeting the positive dual diagnosed minority population. Ryan White funds will be used to provide residential and/or outpatient substance abuse services to persons living with HIV/AIDS who do not meet the financial criteria of our RHBA, which states that a consumer must meet AHCCS eligibility standards. Our population already include persons who are HIV positive and have a DSM diagnosis, persons who are HIV positive and have mental health problems that do not reach the criteria for a DSM diagnosis (i.e., client); and parents, partners, dependents, and others who are linked to the client's Individual Treatment Plan while the client is actively receiving services from our project. Ebony House, Inc. will provide wraparound services such as child care, vocational, educational, and transportation services to clients and their partners and families that will seek to improve the individual's access to services within this project.

Ryan White funds will be used to provide clinical screening, i.e., an initial mental health assessment, for people living with HIV/AIDS to determine psychosocial and/or clinical substance abuse treatment needs. We will provide culturally competent, language appropriate, HIV/AIDS-related treatment services, using substance abuse treatment service strategies; provide case management services to coordinate the provision of comprehensive HIV/AIDS-related care. Under supervision by our Clinical Director, services will be provided by a Master Level Therapists or Behavioral Health Technicians and will include conducting initial ASAM screening and assessment; providing psychotherapy; providing supervision, consultation, and training related to diagnosis, psychopharmacology, understanding medical issues impacting substance use disorders and the neurological aspects of HIV. Staff will also collaborate with other departments to provide psychopharmacological assessment and psychopharmacology management; conduct somatic assessments (to rule out non-HIV non-mental illness reasons for symptoms); and participate in interdisciplinary team activities.

HOW WILL WE WORK WITH THE HIV/AIDS COMMUNITY

Ebony House, Inc. will work with the HIV/AIDS community to provide the same high quality of services that all other consumers receive. The Ebony House residential program is designed as a three-phase program that is

structured in such a manner that clients are able to accept increasing responsibility for maintaining their substance abuse free lifestyle, develop appropriate support systems and transition back into general society. Treatment is provided to clients in the populations as cited who abuse AODs and those who have co-occurring drug abuse and mental/developmental disorders.

Ebony House services include:

- a. Individual Counseling;
- b. Group Counseling;
- c. Alcohol and Drug Education;
- d. Alcoholics and Narcotics Anonymous Meetings;
- e. Cultural and Spiritual Awareness;
- f. Daily Self Care and House Duties;
- g. Recreation and Leisure Activities;
- h. Employment Counseling and Assistance; and
- i. General Living Skills.
- j. Assistance in Self-Medication

The Ebony House program is designed as a three-phase program that is structured in such a manner that clients are able to accept increasing responsibility for maintaining their substance abuse free lifestyle, develop appropriate support systems and transition back into general society. Treatment is provided to clients in the populations as cited who abuse alcohol and other drugs (AOD) and those who have co-occurring drug abuse and mental/developmental disorders.

Clients participate in individual and group therapy, with specific treatment focuses based upon the client's assessed needs. Specific approaches will include, but are not limited to individual counseling, group therapy, assertiveness and relaxation training, cognitive and behavioral change therapies, didactic groups, family therapy, and recreational therapy. Ebony House will utilize our prevention staff to educate, to model, to maximize and to provide consistency both to the client and their family members. Self-help groups, such as AA, NA, and CA will be utilized in conjunction with therapeutic services.

Comprehensive treatment and rehabilitative services in a 24-hour supervised environment, including development of treatment plan, and coordination of needs assessment, physical examination, providing:

- Individual counseling (minimum of 1 hour per week)
- Group counseling (minimum of 15 hours per week)
- Family Intervention (minimum of 2 hours per week)
- Skill development, (minimum of 2 hours per week)
- Psychosocial rehabilitation (minimum of 2 hours per week)
- Relapse prevention (minimum of 6 hours per week)
- Vocational and job skill development training (minimum of 2 hours per week),
- Social / Recreational activities (minimum of 2 hours per week).

Applicants to our programs must meet the Arizona guidelines for admission, and must be of legal age. There is no admission restriction based on prior-treatment but those applicants in need of detoxification must receive that service prior to admittance. No mood or mind altering drugs are permissible, unless prescribe by a Physician. All clients must be ambulatory and capable of caring for themselves. Clients are admitted into our program at the appropriate- level of care as determined by The American Society of Addiction Medicine (ASAM, PPC-2).

Ebony House, Inc. admits clients when:

- The client is voluntarily applying for admission.
- The client presents substance abuse problems that can be addressed by this facility.
- The client is not confined to bed, is ambulatory.
- The client does not present a history of violent or dangerous behavior.
- The client is an active substance abuser in need of treatment, or detoxification.
- The client is properly referred, with all necessary paperwork and documents, including a client care agreement, an assessment plan, the name of the clients designated representative, the responsible facility, and licensee, if applicable.
- The client has been determined by written assessment to be suitable for admission.

- The facility can provide the amount of personal care, supervision, and protection that is required by the client.
- The client does not need to be restrained.
- The client is not a substantial risk to the facility or other clients.
- The client is willing to follow the house rules and regulations.

Clients awaiting admission into the Ebony House, Inc. residential substance abuse treatment program are assigned pre-treatment status whereby they are encouraged to attend outpatient and peer support groups until admission to the residential treatment program is available. When the residential program is at capacity and without projected availability, Ebony House, Inc. refers to other agencies to place clients at appropriate substance abuse treatment facilities through ValueOptions.

Ebony House, Inc. will decline service to clients when:

- The applicant or client for admission is currently under the influence of alcohol/other drugs, is manifesting withdrawal symptoms or is assessed to be at risk for developing significant substance withdrawal symptoms (ASAM Dimension 1: Acute Intoxication and /or Withdrawal).
- Biomedical problems are unstable and require availability of medical/nursing monitoring or when biomedical conditions are not severe enough to warrant residential treatment, but are sufficient to distract from recovery efforts. (ASAM Dimension 2: Biomedical conditions and Complications).
- The applicant is actively and eminently suicidal or homicidal; or when the applicant is experiencing significant intrusive psychoses which preclude him/her from attending to and/or benefiting from residential treatment regimen for dual-diagnosed clients. (ASAM Dimension 3: Emotional Behavioral Conditions and Complications).
- The applicant's cognitive functioning is significantly impaired and will keep him/her from attending to and/or benefiting from dual diagnosis residential treatment.
- The applicant's resistance to treatment is assessed as too entrenched to allow benefit from an outpatient treatment regimen.

The primary problem is social, economic (e.g., housing, family conflict, etc.); one of physical health without symptoms reflecting DSM-IV diagnosis or admission or used solely as an alternative to incarceration.

EXPERIENCE WITH INFECTIOUS DISEASE

Our treatment methodology has proven to be highly effective in even the most difficult and complicated cases. To ensure that we are able to serve efficiently and effectively as CBO on the proposed project, we will work within pre-existing partnerships with community based agencies as well as state and county officials with experience in HIV/AIDS. Existing collaborations include relationships with Arizona Department of Health Services; Arizona Project AIDS; Phoenix Opportunities Industrialization Center (OTC); Care Directions; Body Positive, American Red Cross; Keys Community Center; Maricopa County Department of Corrections; Maricopa County Department of Health Services; Arizona Behavioral Health Services Alliance (composed of: EHI, Native American Directions, National Council on Drugs and Alcohol; Friendly House; TASC; and New Arizona Families). Additionally, EHI is a current member of the following organizations: People of Color Network; National Minority AIDS Council; Arizona Behavioral Health Services Alliance; Community Planning Group (HIV/AIDS); and the Ryan White Planning Council.

70% of the total number of reported AIDS cases and 72% of the total number of reported HIV cases can be found in Maricopa County. It is disturbing to note that African Americans living the Maricopa County represent 11% of all known HIV cases and 13% of reported AIDS cases between 1999 and 2000. More alarming is the appearance of a disproportionate pattern of reported HIV/AIDS for all of Maricopa County's people of color. Individuals who are African American, Hispanic and Native American, and who live in Maricopa County represent 32% of the total HIV cases and 44% of AIDS cases of the past few years. Sadly, only a few agencies in Maricopa County deliver race-specific and culturally relevant programs to which people of color may entrust themselves to benefit from education intervention, prevention and treatment of high risk behaviors.

The 2003 Epidemiological Profile for the Phoenix Area reports that the total number of persons living with HIV infection has increased each year. At the end of 2002, a total of 6,475 cases, known to be living with HIV infection and AIDS, had been reported in the Phoenix area. Of those, 2,871 (44.3%) had progressed to AIDS. This number is probably an under-estimate of the actual number because it does not include HIV-infected persons who have not been tested or who were tested anonymously. Additionally, Ebony House Inc.'s outreach efforts have found that many African Americans were encouraged to enroll in residential substance abuse treatment.

Ebony House, Inc. as substantiated evidence that during the past three years our HIV/STD/AIDS Outreach team served a varied population, including 89% African American men and women, 9% Latinos(as) and other minority men and women, and 2% Caucasian men and women. Although the Phoenix area has 63.7% of the state's at-risk population, it has 72% of the reported AIDS cases and 74% of reported HIV cases. No organization in the Phoenix area has been known to provide services as comprehensive as Ebony House, although some have partnered to help attack the epidemic.

Following is an example of organizations that have linked with Ebony House, Inc. to provide similar services targeting minority populations. Fisher Chapel, AME Zion, a highly committed African American church family located in the South Mountain Village area of Maricopa County has demonstrated concern regarding substance abuse and high risk behavior. The women of the church, with the support of the ministry, made a determination to reduce the impact of HIV/AIDS on the African American community in this County. Fisher Chapel sponsored a series of African American Women's Health seminars that included a strong emphasis on HIV/AIDS. Arizona O.I.C., a vocational training and behavioral health service (501 (c)(3)) agency with more than 35 years of service to African Americans, has in the past made available access to their clients and space to hold the projects HE/RR program, which targeted MSM/IDU men and women. Additionally some training and technical support is provided by state, county, and local agencies including: The American Red Cross, Central Arizona Chapter; Office of HIV/STD Services, Bureau of Epidemiology & Disease Control, Arizona Department of Health Services; Community Planning Group, and Maricopa County Public Health Services.

With the exception of Ebony House, Inc., no agencies in Arizona are equipped, trained and staffed for an exclusive program that targets the systemic disparities, cultural needs and widely held beliefs of African American regarding substance abuse and high risk for infection. Ebony House strongly believes that to make a significant impact on HIV/AIDS in the African American population, targeted and exclusive interventions and preventions must be designed and implemented for this population in order to effectively stem the growth of HIV infection and AIDS.

This application has been prepared by members of the recovery community, and members of the HIV –positive and recovery community will help plan and implement the entire program. This program highly complements the work Ebony House is currently doing, and provides a catalyst for improving service delivery. Lessons learned and best practice from this project will be incorporated into our regular treatment venue at the end of this project, and will be used to expand and improve current services. This organization has existing professional relationships and loose partnerships with other agencies that provide support services, and our supervisory staff meets on a monthly basis with directors and supervisors in a collaborative effort through our RBHA, ValueOptions, Inc. to ensure quality of service.

Ebony House, Inc. meets all basic eligibility requirements of this proposal and has been an experienced direct mental health service provider for more than 33 years. Ebony House, Inc. is capable of implementing all aspects of this grant opportunity and we are not including any alliances as a direct service provider. As stated elsewhere in this narrative, Ebony House Inc. has more than 33 years of experience in substance abuse and mental health treatment and has worked directly with the HIV/AIDS/STD population for more than 9 years. Ebony House Inc. is ready to expand mental health work with persons who are HIV positive and have mental health problems and the project can be implemented and service delivery can begin immediately after grant award. Ebony House Inc. currently has a Consumer Advisory Board made up of consumers and other persons with experience in mental health and/or substance abuse treatment, and who represent the target population by as race/ethnicity, gender, age and positive HIV/AIDS status. They are instrumental in the planning, implementation, and evaluation of all related programs and will be fully integrated into this project.

OTHER FUNDING

Ebony House currently provides HIV prevention services through rapid testing, street based outreach, and facilitation of evidence based interventions at the individual and group level. These programs are funded through the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Administration

(SAMHSA). In addition, Ebony House is also funded to provide support and education through the Syphilis Elimination Project funded by the Maricopa County Department of Public Health (MCDPH). The approximate annual budgets for the respective programs are: \$300,000 (CDC), \$200,000 (SAMHSA), and \$45,000 (MCDPH). African Americans are a targeted group in all HIV/STD programs. Free testing services are offered through street outreach and community venues. Fifteen minute skill building sessions (e.g. condom demonstration) are funded activities through both the CDC and SAMHSA programs. Health education and risk reduction sessions centering on syphilis is a primary activity funded through Maricopa County Department of Public Health's Syphilis Elimination Project.

This agency has existing alliances and collaboration with Magellan of Arizona, Inc., Maricopa County Health Department, Health Clinic, St. Mary's Westside Food Bank, and others who can provide services not included in our service area. We may offer referrals to our consumers for services that we do not provide, and will refer non clinical employment assessment and job training for clients and their partners, as well as job coaching to Phoenix Opportunities Industrial Coalition. All provider agencies to which we may refer clients have more than two years experience in providing services to members of our targeted population and have accreditation and certification by the appropriate organizations. There are no potential barriers to the successful conduct of the proposed project, and we are sure of project sustainability when funding for this project ends because it can and most assuredly will be incorporated into our existing treatment setting. Program continuity will be maintained when there is a change in the operational environment by ongoing training and proper orientation of new hires.

ATTACHMENT A

Application

Organization: Ebony House Inc.
 Address: 6222 S. 13th Street
 City: Phoenix State: AZ Zip: 85042
 Telephone: 602.276.4288
 Executive Director/CEO: William Freeman
 Person completing this form: Angelica Lindsey-Ali Contact Telephone: 602.254.6180

Legal Status: ☒ Non profit 501-C3 ☐ Corporation ☐ LLC ☐ Partnership ☐ Other:_____

Years in Business: 34

Maricopa County Vendor Registration Complete: ☒ Yes ☐ No Vendor Number: W000007730

Number of paid staff (fte) in your entire organization: 76

Number of volunteer staff in your entire organization: 4

Do you meet the insurance requirements as described in Section 4.10 of this proposal: ☒ Yes ☐ No

If no, will you be able to meet the requirements upon contract approval: ☐ Yes ☐ No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In compliance with OMB Circular A-110	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In compliance with OMB Circular A-122	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In compliance with OMB Circular A-87	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In compliance with OMB Circular A-21	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
In compliance with OMB Circular A-133	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If N/A on any please explain:

In compliance with the records retention policies as described in Section 4.31? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.43? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.50 ? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section 4.51 ☒ Yes

☐ No

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.55? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: ☒ Yes ☐ No

If yes, please list who you receive the grants from and how long:

Grant Fund 1: CDC Since: 2004

Grant Fund 2: ADHS Since: 2002

Grant Fund 3: Since:

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds: ☒ Yes ☐ No

If yes, describe system:

All employee timesheets are tabbed according to their respective programs. This payroll process is used for accurate monthly batch billing and yearly auditing of programs. In addition to a staff bookkeeper, EHI is in contract with an outside accounting agency that performs quarterly fiscal updates which outline the income and expenditures for each funding and/or revenue stream and reports overages, carryover amounts and fiscal abnormalities, should they arise.

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort? ☒ Yes ☐ No

If no, describe how you would be able to implement a system for this:

Executive Summary

1.

The Ebony House mission is to encourage sobriety while learning to cope with life's trauma, and strengthen skills needed for eventual independence; to acquire the skills needed to parent productively, establish employment and gain knowledge of responsibility in finances. Through integrating instructive programming into treatment, we strive to empower each person who comes through our doors to become self-sufficient upon re-entering the community.

Continued goals of the Ebony House Residential Substance Abuse Treatment program are to eliminate or significantly reduce a consumer's physical or psychological dependence on drugs thus resulting in substance abuse or dependence. The ultimate goal of this program is total abstinence and healthy living.

Ebony House assists consumers to achieve goals through provisions of interventions designed to:

- Promote greater self awareness, self respect and self worth as well as promoting a better ability to care for ones self and to enter into positive relationships with others
- Offer services that are sensitive to the individual needs of each consumer, including issues surrounding cultural identity, religion and sexual orientation
- Integrate educational and educational programming into treatment, we strive to empower each person to become financially self sufficient upon re-entering the community; and
- Work to strengthen families, including parent-child bond for those women with children in our program and to actively involve family members in the treatment process whenever possible.

Ebony House, Inc. services include:

- Gender specific, research based motivational, using a non-confrontational approach
- Individualized treatment planning
- Individual, group and family counseling
- Domestic Violence Group
- Family Support
- Medications management
- Case Management (*where needed*)
- Parenting Classes
- Self Help groups
- Spiritual/Relationship support based on client interest/religion
- Individualized vocational/educational track including career counseling and vocational assessment
- HIV/AIDS Education and Prevention Relapse Groups
- Transportation Assistance

Ebony House, Inc. targets African Americans specifically for the services offered but does not deny services to any population. A large percentage of the population (25-30%) is comprised of the Hispanic population and an increasing number of White clients are being serviced through all departments. The majority of the agency's client demographic are individuals who are from impoverished inner city areas, with limited educational background, and prior involvement in the criminal justice system. Ebony House, Inc. also receives a percentage of its client base directly from county jails and state prisons through direct relationships with the Department of Corrections.

2.

Executive Staff

William Freeman, CEO

Toni Buggs, M.A.
Human Resources Director/QA Manager

Dora Jackson, M.S.
Program Director-Elba House/CBHS

E. Douglass Brown, PhD
Facilities Clinical Director

James Scooler, LMSW, LISAC
Clinical Supervisor, Ebony House

Dorothy Wellington
Program Director-Strengthening Families/Prevention

Angelica Lindsey-Ali
Program Director-HIV/STD Services

Sharon S. Smith M.A., LISAC
Clinical Supervisor, Youth and Young Adult Behavioral Health Services

Armor Stahl, M.A., LISAC
Clinical Lead, Elba House Women's Facility

ATTACHMENT B

Pricing & Budget Form

Maricopa County Health Care Mandates, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A grant, has created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant.

The attached set of instructions will help you in completion of the Maricopa County Health Care Mandates Part A grant budget forms.

The forms can be completed electronically and sent to: _____ or manually and mailed to _____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community. These forms create a standard format to accurately provide reporting information required under the administration of Part A funds. Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Part A funds that will:

- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
- b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- c. Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME	FORM NUMBER
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Cover Page

B05-CV-1

Use this page to enter the summary information for your organization and Ryan White Part A grant award.

* A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.

The Cover Page consists of the following:

Name	Enter the official name of your organization
FEIN	Enter your federal employee identification number
Address	Enter the address of your organization
Authorized	the name of the person to be contacted and

Contact	allowed to make decisions
Telephone	the telephone number of the Authorized Person
Primary Contact	the name of the person(s) to be contacted primarily (if different from above)
Primary Telephone	the telephone number of the Primary Contact
Email	Email of the Primary Contact
Fax	fax number that you can receive faxsimile messages/correspondence
Service Category	the service category of the submitted budget packet (see Service Category in your Contract)
Grant Year	the beginning and ending grant year of your budget submission

Budget Summary

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I

Summarizes the organizational information provided in the Cover Page. The information will automatically populate when the Cover Page is complete

Section II

This section summarizes the budget information calculated in the submitted budget packet for this grant.
This form is required for all Ryan White Part A awards issued by Maricopa County Health Care Mandates.
This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- Administrative Costs, defined in Section 2604(f)(3) defines allowable
- 1 "subcontractor administrative activities to include:

- Usual and recognized overhead, including
- a. establishing indirect rates for agencies;
- Management and oversight of specific programs
- b. funded under this title; and
- Other types of program support such as quality assurance,
- c. quality control, and related activities."

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect**

cost rate issued federally

- 2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Health Care Mandates

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

Personnel

B05-PE-1

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.
(I.e., Social Security 6.75
- (FICA) %)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)

- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on Administrative duties.
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

Travel

B05-TV-1

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage

This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant. The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12]) Maricopa County Health Care Mandates has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.
The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Cell References: (D), (E), and (F) are calculated automatically.

Other Allowable Travel	<p>In some cases, other travel may be allowed under the Ryan White Part A Grant.</p> <p>Each item listed in this section must have a detailed and accurate budget justification attached.</p> <p>At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs</p>
(A)	Enter the dates that the other travel is expected.
(B) and (C)	<p>Enter the estimated cost and description of the expense</p> <p>*this can include car rental, parking fees, etc.</p>
(G)	<p>Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.</p>

Columns (D), (E), and (F) are calculated automatically.

Supplies

B05-SP-1

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet.

Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

Section I General Office Supplies

Maricopa County Health Care Mandates has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment

B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to

be purchased.

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for why these services are necessary to provide services.

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

Other Professional Services B05-PF-1

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Health Care Mandates County Health Care Mandates.

**NAME OF
ORGANIZATION:**

Ebony House, Inc.

Fed. Employee ID #
(FEIN)

86-0287878

ADDRESS:

6222 S. 13th Street

Phoenix, AZ 85042

AUTHORIZED
CONTACT

William Freeman

TELEPHONE

602-276-4288

FAX

602-232-2938

E-MAIL

ebonyhouseinc@qwest.net

PRIMARY CONTACT

Angelica Lindsey-Ali

TELEPHONE

602-254-6180

FAX

602-254-6173

EMAIL

lindseyali@gmail.com

SERVICE CATEGORY

Substance Abuse Services

GRANT PERIOD:

03/01/2008
Start Date

02/28/2009
End Date

AMOUNT

\$

200,830.51

(Section I)

Organization
Service
Category
Grant Period

Ebony House, Inc.		Contract Number
Substance Abuse Services		
March-08	Through	February-09

(Enter Contract #)

Narrative of Grant:

Provision of treatment and/or counseling to address substance abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient or residential health service setting.

(Section II)

Budget Requested: \$ 200,830.51

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	3.7 FTE	\$2,340.00	\$136,994.00	\$139,334.00
Personnel:	Fringe/Benefits		702.00	41,098.20	41,800.20

Subtotal: Personnel

3,042.00	178,092.20	181,134.20
-----------------	-------------------	-------------------

Other Direct Costs

Travel		-	1,795.80	1,795.80
Supplies		61.24	4,372.11	4,433.35
Equipment		3,000.00		
Contractual		-	-	-
Program Support		5.46	898.34	903.80

Other Professional Services		-	-	-
-----------------------------	--	---	---	---

Subtotal: Other Direct Costs		3,066.70	7,066.25	10,132.95
------------------------------	--	----------	----------	-----------

Total Operating Expenses		6,108.70	185,158.45	191,267.15
--------------------------	--	----------	------------	------------

(Personnel and Other Direct Costs)

Indirect Costs		9,563.36		9,563.36
----------------	--	----------	--	----------

Indirect Rate		5%		
---------------	--	----	--	--

(Providers claiming an indirect cost must submit their most current negotiated

indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	15,672.06	185,158.45	\$200,830.51
----------------------	--------------------	-----------	------------	--------------

(Total Operating Expenses plus
Indirect Costs)

8%	0%
----	----

**GRANT
BALANCE**

(Grant Revenue less Total Costs of Grant)

\$0.00

The Grant balance must equal zero

Finance
Approval

Date:

Exec. Director
Approval

Date:


Administrative
Agent

Date:

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

Staffing

Provider Entry	Auto Calculation
----------------	------------------

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (k)
Staffing Ebony House, Inc. Substance Abuse Services											
Position Title	Last Name	FTE	Rate	Gross	Benefits	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
				Applied to grant per FTE	Applied to grant per FTE						
Substance Abuse Counselor	Stahl	0.5	22.5	23,400.00	7,020.00	D		-	-	23,400.00	7,020.00
This position requires assuming responsibility for the case management and counselong of substance abuse clients, facilitating therapeutic and specialty group sessions, didactic lectures, and assist in transportation of clients to and from appointments when required.											
Substance Abuse Counselor	Vacant	0.5	22.5	23,400.00	7,020.00	D	10%	2,340.00	702.00	21,060.00	6,318.00
This position requires assuming responsibility for the case management and counselong of substance abuse clients, facilitating therapeutic and specialty group sessions, didactic lectures, and assist in transportation of clients to and from appointments when required.											
Recovery Specialist	Vacant	1	14	29,120.00	8,736.00	D	0%	-	-	29,120.00	8,736.00
This position assumes reponsibility for providing constructive assistance and mentoring, advocacy, cordination , side-by-side individualized support, problem solivng and direct assistance to help clients obtain the neccessistes of daily living. Recovery Specialists must demonstrate the skills and knowledge necessary to establish supportive trusting relationships with persons who have active or persistent substance abuse issues.											
Recovery Specialist	Vacant	1	14	29,120.00	8,736.00	D	0%	-	-	29,120.00	8,736.00

(A)

Calculatin g Annual Salary	2080
----------------------------	------

(Rate x Annual Hours)

(B)

Benefits	
Benefits	Percent
health ins	10.00%
FICA	6.00%
Unemploy ment	7.00%
Retirement	4.00%
Life/Dis Ins	3.00%

(Admin)	0.05	FTE	(N) = (D)* (I)	Percent FTE	1%	(P) = (N) / ((N) + (O) (Q) = (O) / ((N) + (O)
(Direct Service)	3.65	FTE	(O) = (D) * (1-(I))		99%	

3.70

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C))*(A)	(E)	(F)	(G)
Mileage Ebony House, Inc. Substance Abuse Services							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.41	Admin	Direct Svc	Description
1	0.05	0	0	\$-	-	-	
2	3.65	1200	4380	1,795.80		\$1,795.80	Travel has been approved for Recovery Specialists to conduct home visits and all other staff for training, travel between treatment facilities.
TOTAL		1200	4380	1,795.80	-	1,795.80	\$1,795.80

(Total Miles applied to this grant)

(B) **Note - Budget annual mileage for 1 FTE.**

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel Ebony House, Inc. Substance Abuse Services						
Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1	\$-	\$-	-	-	0	
Description					0	
2	\$-	\$-	-	-	0	
Description					0	
3	\$-	\$-	-	-	0	
Description					0	
			-	-	-	\$-

SUMMARY

(Travel)

Admin	Direct Service	Total
-	1,795.80	1,795.80

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies: includes pens, paper, toner, etc.

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)* (1-(B))	(D) = (B) + (C)	(E)
General Office Supplies Ebony House, Inc. Substance Abuse Services					
Item	Annual Budget	Admin 1%	Direct Service	Total	Narrative
1 paper supplies	600	8.11	591.89	600.00	General office supplies in support of the Ryan White Part A Case Management Program
2 pens/misc	100	1.35	98.65	100.00	
3		-	-	-	
4		-	-	-	
5		-	-	-	
		-	-	-	
TOTAL		9.46	690.54	TOTAL	\$700.00

Program Supplies

Program Supplies have been deemed Direct Service.

	(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies Ebony House, Inc. Substance Abuse Services						
Description	Annual Budget	Admin	Direct			Narrative
1	0	0	-			
2			-			
3			-			
4			-			
5			-			
			-			
TOTAL		-	-	TOTAL		\$-

Equipment less than \$1,000 -
includes computers, fax machines,
shredders, and adding machines to
be used in the operations of this
grant.

(Apply at FTE Ratio)

3

	(A)	(B)	(C) = (A)*(1- (B)	(D) = (B) + (C)	(E)
Equipment less than \$1,000 Ebony House, Inc. Substance Abuse Services					
Description	Allocated Budget	Admin 1%	Direct Service	Total	Narrative
1 General Office Supplies	3000	40.54	2,959.46	3,000.00	For the purchase of pens, paper, printer ink, and other miscellaneous general office supplies necessary for the provision of treatment services and administrative tasks.
2 Toner	500	6.76	493.24	500.00	For the maintenance of a rented copier to be used to for form and file duplication.
3 File Cabinets	250	3.38	246.62	250.00	For the purchase of locking file cabinets to be used for data security purposes.
4 Postage	82	1.11	80.89	82.00	
5		-	-	-	
		-	-	-	
TOTAL		51.78	3,780.22	TOTAL	\$3,832.00

Summary

61.24

4,470.76

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

- 1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 Ebony House, Inc. Substance Abuse Services					
Item Budgeted	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative
1 Desktop Computers w/printers	3000	40.54	2,959.46	3,000.00	Computers are necessary for client documentation, entries into the RBHA data management system, and record keeping purposes.
2		-	-	-	
3		-	-		
4		-	-		
5		-	-		
		-	-		
TOTAL		40.54	2,959.46	TOTAL	\$3,000.00

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

- 1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting Ebony House, Inc. Substance Abuse Services							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
				TOTAL	-	-	\$-

Subcontracts

- 2 Include any payments for subcontracts to provide services under this grant.
- Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts Ebony House, Inc. Substance Abuse Services								
	Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1				-	0%	-	-	
	Service(s) Provided							
	Narrative							
2				-		-	-	
	Service(s) Provided							
	Narrative							
3				-		-	-	
	Service(s) Provided							
	Narrative							
					TOTAL	-	-	\$-

Other Program Support

1 Telephone

Telephone Ebony House, Inc. Substance Abuse Services					
Description	Annual Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1 Cell Phones	350	4.73	345.27	350.00	Cell phones are issued to Case Manager for safety (Home visits) and direct access from clients.
2 Direct Line	25	0.34	24.66	25.00	Allocated portion of general phone lines in support of the Case Management Program
3		-	-		
		-	-		
TOTAL		5.07	369.93	TOTAL	\$375.00

2 Copy/Duplicating

Copy/Duplicating Ebony House, Inc. Substance Abuse Services					
Description	Budget	Admin 1%	Direct Service	Total	Narrative Justification
Program Brochures					
1 main brochure	500		500.00	500.00	Printing of brochures to ensure that PLWHA are aware of the services offered by this organization.
Other Copying/Duplicating					
2	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	500.00	TOTAL	\$500.00

Budget Category 6 4

3 Postage

Postage Ebony House, Inc. Substance Abuse Services					
Description	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1 mail to clients for recert	28.8	0.39	28.41	28.80	Notices are sent to clients regarding recertification and other items throughout the year.
		-	-		
TOTAL		0.39	28.41	TOTAL	\$28.80

4 Utilities

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities Ebony House, Inc. Substance Abuse Services					
Description	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

4 Other Program Support

Other Program Support Ebony House, Inc. Substance Abuse Services

Description	Budgeted Amount	Admin 1%	Direct Service	Total	Narrative
1	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

1 Audit/Accounting/Finance

Audit/Accounting/Finance Ebony House, Inc. Substance Abuse Services							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a			-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
				TOTAL	-		\$ -

2 Insurance

Insurance Ebony House, Inc. Substance Abuse Services							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a			-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c			-		-		
Cost Method Used							
Budget Justification							
				TOTAL	-		\$ -

3 Rent/Space

Rent/Space Ebony House, Inc. Substance Abuse Services							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a			-		-		
Cost Method Used							
Budget Justification							
				TOTAL	-		\$ -

4 Other Professional Service

Other Professional Service Ebony House, Inc. Substance Abuse Services							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a	0	0	-	0%	-	-	
Cost Method Used							
Budget Justification							
b			-		-	-	
Cost Method Used							
Budget Justification							
c					-	-	
Cost Method Used							
Budget Justification							
			-	TOTAL	-	-	\$ -

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book
 This sheet allows for planning and cost calculations for services to be provided under this grant.
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name: MY Non Profit
 Contract: Case management

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product/Deliverable	Schedule of Deliverables												(E) Total Payment Per Objective/Activity
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1	Obj 1	Psychiatric Evaluation	20	150.12													3,002.40
2	Obj 2	Medication Monitoring	60	71.04													4,262.40
3		Behavioral Health Screening	80	18.00													1,440.00
4		Comprehensive Substance Abuse Assessment	200	61.50													12,300.00
5		Individual Therapy	720	48.00													34,560.00
6		Group Therapy	960	9.30													8,928.00
		Residential Room and Board	720	20.50													14,760.00
		Residential Therapy Day	720	163.00													117,360.00
8		Peer Support	241	17.50													4,217.50
TOTAL			3,721		-	-	-	-	-	-	-	-	-	-	-	-	

200,830.30

\$200,830.51

\$(0.21)

(Over Budget)

- (A) From the Work Statement - enter which activity this unit relates to.
 (B) Product/Unit Name - Enter the name that identifies this unit.
 (C) Enter the number of units proposed for the contract year.
 (D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.
 Schedule of Deliverables Enter the number of units BY MONTH proposed in the corresponding column and row.
 (E) This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.

Psychiatric Evaluation

Assessments are the initial intake and planning provided to all new clients. An average assessment takes approximately 1.5 hours to complete.

20

1%

POSITION

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Case Manager	Intake	23.00	6.90	30	30	14.95
Super Case manager	Assessments	24.75	7.43	32	60	32.18
(Hourly rate = CM and Super - Average)		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						47.13

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total		
Travel	1,795.80	20	1%		0.48
Supplies	4,372.11				1.17
Equipment	-				-
Contractual	-				-
PS	898.34				0.24
Other Direct Costs	-				-
					49.02

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	2,340.00	702.00	3,042.00	1%	20.00	0.82
Total Admin Labor Cost						0.82

	Total Admin Cost	Units Prop	Percent to total		
Other Direct Costs					
Travel	-	20	1%		-
Supplies	61.24				0.02
Equipment	3,000.00				0.81
Contractual	-				-
PS	5.46				0.00
Other Direct Costs	-				-
					1.64
Indirect	9,563.36				2.57
					53.24

Unit Definition
(Describe the Unit)

Medication Monitoring

Case Management includes all supporting activities done to assist the client in attaining their goals from the assessment and treatment plan. This includes work done via face-to-face or via telephone on behalf of the client.

Units Proposed

60

Percent of Total

2%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Case Manager	CM with clients	24.75	7.43	32	60	32.18
Super Case manager	CM with clients and oversee		-	-	-	-
(Hourly rate = CM and Super - Average)		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						32.18

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total		
Travel	1,795.80	60	2%		0.48
Supplies	4,372.11				1.17
Equipment	-				-
Contractual	-				-
PS	898.34				0.24
Other Direct Costs	-				-
					34.07

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	2,340.00	702.00	3,042.00	2%	60.00	0.82
Total Admin Labor Cost						0.82

	Total Admin Cost	Units Prop	Percent to total		
Other Direct Costs					
Travel	-	60	2%		-
Supplies	61.24				0.02
Equipment	3,000.00				0.81
Contractual	-				-
PS	5.46				0.00
Other Direct Costs	-				-
					1.64
Indirect	9,563.36				2.57
					38.29

4

Unit of Service
(Name)
Unit Definition
(Describe the Unit)

Comprehensive Substance Abuse Assessment

Units Proposed

200

Percent of Total

5%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

	Total Direct Cost Budget	Units Prop	Percent to total		
Travel	1,795.80	200	5%		0.48
Supplies	4,372.11				1.17
Equipment	-				-
Contractual	-				-
PS	898.34				0.24
Other Direct Costs	-				-
					1.90

Administrative Costs

	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	2,340.00	702.00	3,042.00	5%	200.00	0.82
	Total Admin Labor Cost					0.82

Other Direct Costs

	Total Admin Cost	Units Prop	Percent to total		
Travel	-	200	5%		-
Supplies	61.24				0.02
Equipment	3,000.00				0.81
Contractual	-				-
PS	5.46				0.00
Other Direct Costs	-				-
					1.64

Indirect

9,563.36

2.57

6.11

6

Unit of Service
(Name)
Unit Definition
(Describe the Unit)

Group Therapy

Units Proposed
Percent of Total

960
26%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

	Total Direct Cost Budget	Units Prop	Percent to total		
Travel	1,795.80	960	26%		0.48
Supplies	4,372.11				1.17
Equipment	-				-
Contractual	-				-
PS	898.34				0.24
Other Direct Costs	-				-
					1.90

Administrative Costs

	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	2,340.00	702.00	3,042.00	26%	960.00	0.82
						0.82

Total Admin Labor Cost

Other Direct Costs

	Total Admin Cost	Units Prop	Percent to total		
Travel	-	960	26%		-
Supplies	61.24				0.02
Equipment	3,000.00				0.81
Contractual	-				-
PS	5.46				0.00
Other Direct Costs	-				-
					1.64

Indirect

9,563.36

2.57

6.11

7

Unit of Service (Name)	#N/A
Unit Definition (Describe the Unit)	
Units Proposed	960
Percent of Total	26%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total		
Travel	1,795.80	960	26%		0.48
Supplies	4,372.11				1.17
Equipment	-				-
Contractual	-				-
PS	898.34				0.24
Other Direct Costs	-				-
					1.90

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	2,340.00	702.00	3,042.00	26%	960.00	0.82
						0.82

Total Admin Labor Cost

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total		
Travel	-	960	26%		-
Supplies	61.24				0.02
Equipment	3,000.00				0.81
Contractual	-				-
PS	5.46				0.00
Other Direct Costs	-				-
					1.64

Indirect	9,563.36				2.57
					6.11

Peer Support

241

6%

Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
					-

Total Direct Cost Budget	Units Prop	Percent to total		
1,795.80	241	6%		0.48
4,372.11				1.17
-				-
-				-
898.34				0.24
-				-
				1.90

Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
2,340.00	702.00	3,042.00	6%	241.00	0.82
Total Admin Labor Cost					0.82

Total Admin Cost	Units Prop	Percent to total		
-	241	6%		-
61.24				0.02
3,000.00				0.81
-				-
5.46				0.00
-				-
				1.64

9,563.36

6.11

Instructions:
Use this
worksheet to
submit manual
calculations of
proposed
reimbursement
rates for

services provided under this grant.
Complete one section for each unit of service proposed. (i.e, face-to-face visit)
It is the Provider's responsibility to adequately identify costs associated with this service.
Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)
Input the amount PER UNIT
Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (PER UNIT) (Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Cost

Narrative Justification

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Input the amount PER UNIT

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

ATTACHMENT C Work Plan

Ebony House Inc.

FY 2008/2009 WORK PLAN FOR

Substance Abuse Services

Performance Measure FY 2008-2009

- 1) Number of new clients= 20 (12 outpatient/8 residential)
 2) Number of returning clients = 0
 3) Substance Abuse Assessments = 200 units

- 4) =
 5) =
 6) % of compliance = 90%
 7) Total # unduplicated clients: 20

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/ EVALUATION METHODS
Objective 1: To offer a psychiatric evaluation to all new intakes (20 clients) 20 units of service represents 1 unit per client.	The project will: Provide referrals through the Regional Behavioral Health Authority for psychiatric evaluations to be performed by a licensed psychiatrist.	Implementation: Make available psychiatric evaluations to all new intakes. Responsible staff: 2 x .50 FTE Substance Abuse Counselors .25 Clinical Supervisor .25 in-kind licensed psychiatrist .	Narrative Measure Statement: CareWare will be used to report billing and client demographics. Client Chart(s) will document a psychiatric evaluation within the first 30 days of residential and/or outpatient treatment. Service Unit Name: Psychiatric Evaluation Service Unit Description: 1 unit = 45 minutes Units to be Provided: 20

<p>To provide comprehensive substance abuse assessments to all new clients.</p> <p>200 units of service represents 10 units of service per 20 clients</p> <p>1 unit=15 minutes</p>	<p>Provide a comprehensive (in excess of 40 pages) substance abuse assessment on each client, paying special attention to the clients' diagnosis as a precursor to development of the treatment plan.</p>	<p>Implementation: Make Substance Abuse Counselors available for comprehensive substance abuse assessments.</p> <p>Responsible Staff: 2 .50 FTE Substance Abuse Counselors .25 Clinical Supervisor</p>	<p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Quarterly chart audits.</p> <p>Service Unit Name: Substance Abuse Assessment</p> <p>Service Unit Description: Gathering and assessment of information necessary for assessment of a person, resulting in a written summary report. Recommendations, which may be in response to specific questions posed in an assessment request, are made to the person, family, referral source, provider, or courts, as applicable. May also include the review and modifications to the person's service plan, comprehensive assessments.</p> <p>1 unit = 15 minutes</p>
<p>Objective 5: To provide one-on-one therapy to clients.</p> <p>720 units represents 36 units per client 1 unit=15 minutes</p>	<p>The project will: Provide intense one-on-one therapy for clients dealing with substance abuse issues.</p>	<p>Implementation: Make Substance Abuse Counselors and Recovery Specialists available for one-on-one individual therapy sessions. Oversight provided by the licensed Clinical Supervisor.</p> <p>2 x.50 FTE Substance Abuse Counselors .25 Clinical Supervisor 2.0 FTE Recovery Specialists</p>	<p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Quarterly chart audits.</p> <p>Service Unit Name: Individual Therapy</p> <p>Service Unit Description: Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility.</p> <p>1 unit = 15 minutes</p>
<p>Objective 6: To provide group therapy to clients.</p> <p>960 units represents 48 units per clients</p>	<p>The project will: Provide intense group therapy for clients dealing with substance abuse issues. Special groups will be designated for Ryan White Part A</p>	<p>Implementation: Make Substance Abuse Counselors and Recovery Specialists available for one-on-one individual therapy sessions. Oversight</p>	<p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Quarterly chart</p>

<p>Objective 7: To provide a residential therapy day (8 hours) for all clients enrolled in residential substance abuse treatment.</p> <p>720 units represents 90 units per 8 clients</p> <p>1 unit=8 hours</p>	<p>funded clients which will deal with issues directly related to HIV status including disclosure, safer sex practices and drug interference.</p> <p>The project will: Provide a full 8 hour therapy day directly related to substance abuse treatment.</p>	<p>provided by the licensed Clinical Supervisor.</p> <p>2 x.50 FTE Substance Abuse Counselors .25 Clinical Supervisor 2.0 FTE Recovery Specialists</p> <p>Implementation: Make Substance Abuse Counselors and Recovery Specialists available for day therapy sessions. Oversight provided by the licensed Clinical Supervisor.</p> <p>2 x.50 FTE Substance Abuse Counselors .25 Clinical Supervisor 2.0 FTE Recovery Specialists</p>	<p>audits.</p> <p>Service Unit Name: Group Therapy</p> <p>Service Unit Description: Insight oriented, behavior modifying and/or supportive counseling services provided to a group of any size of persons, which occurs at a provider's worksite.</p> <p>1 unit=15 minutes</p> <p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Quarterly chart audits.</p>
			<p>Service Unit Name: Residential Therapy Day</p> <p>Service Unit Description: Insight oriented, behavior modifying and/or supportive counseling services provided to clients within a residential treatment facility. 1 unit=15 minutes</p> <p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Quarterly chart audits.</p>
			<p>Service Unit Name: Residential Room and Board</p> <p>Service Unit Description: Room and Board 1 unit=24 hours</p> <p>Narrative Measure Statement: Careware will be used to report billing and</p>
<p>Objective 8: To provide room and board for 8 (of 20 clients total) residential substance abuse treatment clients.</p> <p>720 units represents 90 units per client (8 clients total) 1 unit = 24 hours</p>	<p>The project will: Provide safe, clean housing and food for clients opting for residential substance abuse treatment.</p>	<p>Implementation: Make space available in open beds for Ryan White Part A clients.</p>	
<p>Objective 9: To provide peer support during treatment and for 90 days post-treatment.</p>	<p>The project will: Provide peer support from HIV+ Recovery Specialists to enhance</p>	<p>Implementation: Make Recovery Specialists available to provide support as directed by the Clinical Supervisor.</p>	

241 units represents 12 units per 20 clients	treatment outcomes and improve chances for sustained recovery.	Responsible Staff: 2.0 FTE Recovery Specialists .25 Clinical Supervisor	<p>client demographics. Quarterly chart audits.</p> <p>Service Unit Name: Peer Support</p> <p>Service Unit Description: Self-help/peer services are provided by persons or family members who are or have been consumers of the behavioral health system. This may involve assistance with more effectively utilizing the service delivery system (e.g., assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, overcoming service barriers) or understanding and coping with the stressors of the person's disability (e.g., support groups), coaching, role modeling and mentoring.</p> <p>1 unit=15 minutes</p>
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EBONY HOUSE INC., 6222 S. 13TH STREET, PHOENIX, AZ 85042

PRICING SHEET: NIGP CODE 9487404

Terms:	NET 30
Vendor Number:	W000007730 X
Telephone Number:	602/254-6180
Fax Number:	602/254-6173
Contact Person:	William Freeman
E-mail Address:	elijah_eh@qwest.net
Certificates of Insurance	Required
Contract Period:	To cover the period ending March 31, 2011.